

LEAD TESTING IN SCHOOL AND CHILD CARE PROGRAM DRINKING WATER GRANT

WORK PLAN FOR THE STATE OF WISCONSIN (AMENDED TO INCLUDE FY20
ALLOTMENT)

Summary Statement

The Wisconsin Department of Health Services (DHS) is dedicated to addressing lead in drinking water in child care centers and Early Head Start programs statewide. DHS takes a comprehensive approach to reducing childhood lead poisoning and has recently focused on the risks of contaminated water by issuing comprehensive guidance for homeowners. In 2017-2018, our CDC-funded Environmental Public Health Tracking program provided mini-grants to two local public health agencies (LPHAs) to test water in 39 schools, which provided valuable experience working with educational institutions. Building on this experience, DHS seeks to expand water testing at child care centers.

Utilizing funding appropriated under section 1464(d) of the Safe Drinking Water Act, amended by the Water Infrastructure Improvement Act (WIIN) section 2107, DHS plans to target child care centers and Early Head Start programs across the state. Facilities that serve young children (under 3 years of age) in low-income areas and within communities with a high burden of lead poisoning will be prioritized. The goal is to reduce lead exposure among children who are at highest risk during critical stages of development.

DHS will use the EPA's 3Ts guidance to: (1) communicate with parents, communities, and other stakeholders about the objectives and goals of this program; (2) train LPHAs to educate communities on the importance of testing and identify eligible facilities; (3) test facilities using appropriate testing protocols and certified laboratories; and (4) take action, including developing a plan for responding to test results, addressing elevated lead through immediate actions, implementing long-term remediation plans, and communicating test results to communities.

SCOPE OF WORK

This section is a discussion of Wisconsin's plan to develop and implement the lead testing program in child care facilities and Early Head Start programs, *Testing Water in Child Care Facilities Initiative*, and an overview of how this program meets goals as they relate to the reduction of lead in drinking water exposure in children.

The scope of work contained in this project description includes the following categories and information.

- I. STATE GOALS AND PRIORITIES
- II. PROGRAM IMPLEMENTATION AND ACTIVITIES
- III. ROLES AND RESPONSIBILITIES
- IV. TIMELINE AND MILESTONES
- V. WIIN PROGRAMMATIC PRIORITIES AND EPA'S STRATEGIC PLAN LINKAGE
- VI. ANTICIPATED OUTCOMES/OUTPUTS
- VII. BUDGET NARRATIVE

I. STATE GOALS AND PRIORITIES

The Wisconsin Department of Health Services (DHS) is committed to the elimination of childhood lead poisoning through appropriate screening, case investigation, and lead mitigation activities. Because lead is a pervasive environmental contaminant, DHS aims to address all major sources including leaded paint and contaminated dust, soil, and water. Despite significant strides in reducing lead poisoning over the past two decades, racial and socioeconomic disparities persist. In 2018, over 3,900 Wisconsin children under six years of age (4.8% of tested children) had a blood lead level (BLL) ≥ 5 mcg/dL; of these children, Black children were disproportionately represented (11% with BLL ≥ 5 mcg/dL compared to 2.6% of White children with BLL ≥ 5 mcg/dL) as were children living in areas of high poverty in Milwaukee (9.2% with BLL ≥ 5 mcg/dL). To address these disparities, DHS is employing a variety of strategies to reduce lead poisoning in vulnerable populations.

To reduce the risks of lead exposure from drinking water, DHS proposes water testing at licensed child care centers (Centers) and Head Start programs. Given the risk of lead poisoning from consumption of contaminated water is highest among the youngest children, DHS proposes targeting the 1,859 group child care centers that serve children under 3 years of age and 121 Early Head Start programs. Centers and programs that serve children in economically disadvantaged locations in the state with high rates of lead poisoning will be prioritized. This may include facilities with at least 50% of children receiving free or reduced meals and/or facilities located within census tracts with family poverty rates greater than 15%. Other priorities will include facilities built before 1986 that are more likely to contain lead plumbing. These priorities are consistent with those outlined in EPA's State Lead Testing in School and Child Care Program Drinking Water Grant Implementation Document.

DHS, in coordination with local public health agencies (LPHAs), will conduct voluntary testing for lead in water with the goals of:

- Testing all outlets used for consumption in at least 300 high priority Centers and Early Head Start programs (collectively, “targeted facilities”)¹ by the end of the project period;
- Providing lead testing results to parents, teachers, facility employees, and community members;
- Assisting facilities with implementing short-term measures and developing long-term remediation plans to reduce the risk of lead in water;
- Building expertise and capacity statewide to conduct water testing in accordance with the EPA’s 3Ts guidance;
- Educating communities about lead and the importance of testing in child care facilities and schools; and
- Advancing health equity by ensuring that all young children, regardless of race, ethnicity, or socioeconomic status, live and learn in environments free of lead contamination.

II. PROGRAM IMPLEMENTATION AND ACTIVITIES

DHS will use EPA’s *3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities* (www.epa.gov/safewater/3ts) to implement the *Testing Water in Child Care Facilities Initiative* program. Wisconsin does not have dedicated state funding for lead in drinking water testing at schools and child care facilities. Funds from this grant will be used to create this program and will not replace any other resources dedicated for lead in drinking water, including compliance sampling for the Lead and Copper Rule.

Wisconsin is a home rule state, which means many public health activities are conducted collaboratively between DHS and the 85 local public health agencies (LPHAs) that serve as the primary public health authorities in their respective jurisdictions. DHS will build upon these existing relationships, working closely with partnering LPHAs to ensure that targeted facilities participating in this program have a strong, local partner as they engage in voluntary testing for lead in drinking water.

To successfully accomplish programmatic goals and ensure that the public remains informed, DHS will also work closely with state agency partners whose work is relevant to the proposed program. For information on specific partners, see Appendix A.

This program will cover the following key elements:

- **Communication** – Throughout the project period, DHS will engage targeted facilities, the communities they serve, and key partners to recruit program participants and build understanding of the health risks associated with lead in drinking water, and, subsequent to testing, the interpretation of the results and appropriate remedial actions.

¹ An additional allotment of funding for FY20 allows for an amended goal of testing in 300 targeted facilities instead of the goal of 200 targeted facilities originally proposed.

- **Training** – DHS will train LPHAs, other key partners, and targeted facility personnel on the 3Ts approach for testing, developing and implementing appropriate follow-up actions, and communicating results to staff and parents.
- **Testing** – DHS will coordinate with the partnering LPHAs to use appropriate testing methods and certified laboratories to assess lead in drinking water at targeted facilities.
- **Taking Action** –DHS will assist with developing facility-specific plans to respond to test results and actions to reduce the risk of lead in drinking water.

Below are more detailed descriptions of activities planned under each of these key elements.

- **Communication:** DHS recognizes that timely and effective communication is a critical element of all public health work, including the activities conducted by this proposed program. Therefore, planned communication activities will take place: (1) when introducing the program to key partners, targeted facilities, and the public; (2) after results of voluntary testing are received and appropriate follow-up actions are identified; and (3) periodically throughout the funding period to report on program achievements. Specifically, this will include the following activities.

Program Introduction

- Engaging with LPHAs that have targeted facilities in their jurisdictions to build program-specific partnerships.
- Implementing a broad communications campaign (press release, social media, etc.) to formally announce the new program and build interest among targeted facilities, the general public and other interested organizations.
- Working with LPHAs and other partners to conduct targeted outreach to Centers and Early Head Start programs upfront to educate on the risks of lead in drinking water and the value of voluntary testing in order to generate interest in program participation.

During Voluntary Testing

- Developing template communications materials and, in partnership with LPHAs, provide public health outreach support to targeted facilities for:
 - Prior engagement with facility personnel and parents about pending voluntary water testing.
 - Prompt and transparent communication about test results and planned follow-up actions to personnel and parents, including making results from voluntary testing available in the relevant facility’s administrative offices and on a public website, if applicable.

General Outreach

- Periodically sharing program findings, updates, and successes to generate additional targeted facility interest in program participation and to enhance

statewide awareness of risks and assessment methods for lead in drinking water at schools and child care facilities.

Target audiences for the program's communications activities will include child care communities and organizations; LPHAs and other key local and state partners; the drinking water community (e.g., water utilities, water system operators and other drinking water and plumbing professionals); and the general public. For each communication activity, DHS will determine appropriate communications methods to reach the specific target audiences for that activity. This could include press releases, letters/brochures/pamphlets, postcards and other mailed items, items for targeted facility newsletters, online or in-person presentations, videos, online materials (e.g., webpages, emails, emailed bulletins), and social media. Additionally, DHS will launch resources (e.g., email, online form) for the program to receive and respond to inquiries and requests for information.

- **Training:** Close collaboration with LPHAs is a key feature of DHS's proposed program. Partnering LPHAs will be subawardees tasked with providing local technical expertise to assist with recruitment of targeted facility participants and to work with participating facilities as they implement their voluntary testing programs. Thus, DHS will provide training to LPHAs with targeted facilities in their jurisdictions to build their capacity to serve as a key partner in this regard. To facilitate this effort, DHS will leverage its existing experience training LPHA staff on conducting lead risk assessments for children with elevated blood lead levels.

In order to generate interest among targeted facilities, DHS will work with key partners to provide general training for facility administrators and personnel on the health risks of lead, the importance of lead testing, and measures that can be used to reduce lead exposures.

DHS will also work with LPHAs to train personnel from participating facilities on appropriate testing methods described in EPA's 3Ts guidance so these personnel can assist with preparation of sampling plans.

- **Testing:** DHS will utilize sampling protocols described in EPA's 3Ts guidance for this program. DHS will coordinate with partnering LPHAs and work with participating facility personnel to conduct the initial site assessment and sampling plan development. DHS will provide oversight to ensure that sampling plans are developed in accordance with recommendations outlined in the 3Ts document.

Under DHS's guidance, partnering LPHAs will conduct sampling. In order to ensure consistency in recordkeeping among voluntary testing efforts at many different facilities, all sampling efforts will be properly coded and recorded using the coding and

recordkeeping guidance identified in the 3Ts document. Samples will be analyzed in a laboratory certified by the State of Wisconsin for lead in drinking water testing. Sample results will be reported to the facility, DHS, and the appropriate LPHA. A written agreement or contract will be established with these laboratories for all of the services provided for this program.

By the end of the funding period, DHS anticipates completed testing at 200 targeted facilities.

- **Taking Action:** Prior to voluntary testing beginning under this program, DHS will develop a detailed plan for responding to test results and addressing potential elevated lead results, where necessary. DHS will use an action threshold of 15 parts per billion (the lead action level in the Federal Lead and Copper Rule) at sample sites. This plan will outline how DHS will use the remediation recommendations in the 3Ts document to work with facilities to implement immediate short-term measures and develop a plan for long-term measures to reduce lead exposure. This plan will include post-remediation sampling to ensure implemented measures are effective in reducing lead levels.

III. ROLES AND RESPONSIBILITIES

Roles and responsibilities are listed below, and potential project partners are identified in Appendix A.

<p>3Ts Program Contact:</p> <ul style="list-style-type: none"> • Serve as the main point of contact for the 3Ts program and help coordinate communication and partner liaison efforts. 	<p>Roy Irving, PhD roy.irving@wi.gov</p> <p>Margie Coons, RN, MS marjorie.coons@wi.gov</p> <p>Jonathan Meiman, MD jonathan.meiman@wi.gov</p> <p>WI DHS 1 W Wilson Street Madison, WI 53701</p>
<p>Communications Team:</p> <ul style="list-style-type: none"> • Develop and disseminate outreach materials to educate and recruit potential facility participants. • Assist with developing trainings for LPHAs, key partners, and facility personnel. 	<p><i>Staff, Wisconsin DHS</i></p>

<ul style="list-style-type: none"> • Support participating facilities' communication of testing plans, test results and remediation efforts. 	
Program Operations Team: <ul style="list-style-type: none"> • Develop and implement training for LPHAs, key partners, and facility personnel. • Provide technical support to LPHA staff with sampling plan development and implementation. • Review test results and advise on appropriate follow-up testing and remedial measures. 	<i>Staff, Wisconsin DHS</i>
Partner Liaison Contact: <ul style="list-style-type: none"> • Ensure effective communication between staff working on this program and state agency partners, certified laboratories, participating facilities, professional organizations or other interested parties. 	<i>Staff, Wisconsin DHS</i>
Recordkeeping Contact: <ul style="list-style-type: none"> • Ensure a system is created and operational to house all program documents and data. • Lead efforts to create, maintain and update program documentation. • Create and disseminate program reports, as required. 	<i>Staff, Wisconsin DHS</i>
Fiscal Contact: <ul style="list-style-type: none"> • Facilitate the development and oversight of contractual agreements with LPHAs and, as appropriate, other entities, assuring that appropriate procurement guidelines are followed. 	<i>Staff, Wisconsin DHS</i>
Outreach to Facilities and Water Testing: <ul style="list-style-type: none"> • Interact directly with targeted facilities to assist in plumbing assessments, conduct water testing, and assist in communicating testing results to facilities, parents, and the community. 	<i>Staff, LPHAs</i>

IV. AMENDED TIMELINE AND MILESTONES

A detailed timeline for the project, including milestones for specific tasks, is as follows. This amended timeline accounts for an additional FY20 allocation, extended project period and anticipated changes to the timeline based on repercussions of the COVID-19 pandemic.

- **FY2019, Q4:** Receive funding from federal award agency; finalize list of targeted facilities using criteria outlined in Section I; begin development of outreach plan for LPHA and child care facility engagement. Receive funding from federal award agency.
 - Status Update: Completed. Note: Funding was received in December 2019.
- **FY2020, Q1:** Complete development of outreach plan for LPHA and child care facility engagement; engage partner organizations to ensure outreach plan is appropriately tailored for audiences.
 - Status Update: Ongoing. Work to achieve these milestones continues as the onset of the COVID-19 global pandemic eliminated local public health and childcare facility capacity to engage with us on project activities for the time being.
- **FY2020, Q2:** Conduct outreach to LPHAs to identify partners; draft and finalize sub-awardee agreements; begin public communication about program; provide funding to LPHA sub-awardees; begin training of sub-awardees and program staff on EPA's 3Ts guidance; begin to identify facilities that wish to participate in testing.
 - Status Update: Ongoing. Work to achieve these milestones continues as the COVID-19 global pandemic has eliminated local public health and childcare facility capacity to engage with us on project activities for the time being.
- **FY2020, Q3:** LPHAs, in coordination with participating facilities, will develop site sampling plans; notify child care communities about plans to sample and provide information about lead in drinking water; begin initial sampling at facilities.
- **FY2020, Q4:** Continue developing site sampling plans and conducting sampling at facilities; communicate first round of testing results to stakeholders; institute short-term measures in facilities with elevated lead levels; support facilities in community outreach; communicate results of testing through statewide communications via press release, website, and/or other media.
- **FY2021, Q1:** Continue sampling at participating targeted facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach; continue to provide training and support to LPHA sub-awardees.
- **FY2021, Q1:** Continue sampling at facilities identified by the priorities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach; continue to provide training and support to LPHA sub-awardees; identify new LPHAs to participate in lead testing program based on funding availability and need; **complete testing and follow-up of at least 17% of targeted facilities (50) by the end of Quarter 1.**
- **FY2021, Q2:** Issue statewide press release about results of program to date. Work with partner state agencies to continue outreach to eligible facilities. Assist LPHAs and facilities in disseminating test results and implementing immediate actions to

address elevated lead levels. Continue recruiting new facilities based on availability of funding and progress to date.

- **FY2021, Q3:** Continue sampling at targeted facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach; continue to provide training and support to LPHA sub-awardees.
- **FY2021, Q4:** Continue sampling at facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach;
 - **Complete testing and follow up for 50% of targeted facilities (150) by the end of Quarter 4.**
- **FY2022, Q1²:** Work with partner state agencies to continue outreach to eligible facilities. Assist LPHAs and facilities in disseminating test results and implementing immediate actions to address elevated lead levels. Continue recruiting new facilities based on availability of funding and progress to date. Issue third press release with summary of successes to date; Hold public meeting to communicate findings of testing program thus far and actions taken to reduce lead in drinking water.
- **FY2022, Q2 & Q3:** Continue sampling at targeted facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach; continue to provide training and support to LPHA sub-awardees.
- **FY2022, Q4:** Continue sampling at targeted facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach; continue to provide training and support to LPHA sub-awardees. **Complete testing and follow-up of at least 75% of targeted facilities (225) by the end of Quarter 4.**
- **FY2023, Q1:** Issue statewide press release about results of program to date. Work with partner state agencies to continue outreach to eligible facilities. Continue sampling at targeted facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach; continue to provide training and support to LPHA sub-awardees.
- **FY2023, Q2 & Q3:** Continue sampling at targeted facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach; continue to provide training and support to LPHA sub-awardees.
- **FY2023, Q4:**
 - Finish sampling at facilities; address elevated lead levels with immediate actions; continue sharing results; support tested facilities in conducting community outreach;
 - Issue press release with summary of successes to date;
 - Hold public meeting to communicate findings of testing program and actions taken to reduce lead in drinking water;
 - **Complete testing and follow up of 100% of targeted facilities (300) by the end of Quarter 4.**

² DHS will begin using the FY20 allotment of funding to support activities at this point in the project.

Additional information will be provided by EPA in the Terms and Conditions for project completion. The project objectives and milestones will align with the terms and conditions as required by the Agency.

V. WIIN PROGRAMMATIC PRIORITIES AND EPA’S STRATEGIC PLAN:

The overall objective of the assistance awarded under this SDWA 1464(d) program is to provide grants to states to assist local educational agencies to test for lead contamination in drinking water at schools and child care facilities, using EPA’s 3Ts guidance or applicable state regulations or guidance no less stringent. Specific objectives of this SDWA 1464(d) program are to:

- Reduce children’s exposure to lead in drinking water;
- Help states target funding to schools and child care facilities unable to pay for testing;
- Use the 3Ts approach or an approach no less stringent to set best practices for a lead in drinking water prevention program;
- Foster sustainable partnerships at the state and local levels to enable more efficient use of existing resources and sharing of information among experts in various educational and health sectors; and
- Enhance community, parent, and teacher cooperation and trust.

The activities described in this work plan support the WIIN Programmatic Priorities and The EPA’s FY2018-22 Strategic Plan, Goal 1, “Core Mission: Deliver real results to provide Americans with clean air, land, and water, and ensure chemical safety,” Objective 1.2, “Provide for Clean and Safe Drinking Water: Ensure waters are clean through improved water infrastructure and, in partnership with states and tribes, sustainably manage programs to support drinking water, aquatic ecosystems, and recreational, economic, and subsistence activities.

VI. ANTICIPATED OUTCOMES/OUTPUTS:

Outputs and outcomes expected to be achieved under the agreement are as follows:

Outputs:

- (1) Establishing sub-awards with LPHAs to implement program;
- (2) Training of sub-awardees on sampling, results communication, and risk mitigation;
- (3) Utilization of EPA’s 3Ts for Reducing Lead in Drinking Water guidance to implement testing at certified child care centers and Early Head Start programs;
- (4) Prioritization of testing to target vulnerable communities and populations: child care programs and Early Head Start programs in low-income communities or areas of the state with high prevalence of lead poisoning; facilities built before 1986 that are more likely to contain lead plumbing;
- (5) Development of capacity across the state for LPHAs, certified child care centers, and Early Head Start programs to test for lead in drinking water and develop plans that protect children from lead exposure;

- (6) Provision of results of voluntary testing for lead contamination in drinking water to parents, child care workers, facility administrators, and the community;
- (7) Promotion of regular lead testing programs at child care facilities and Early Head Start programs statewide; and
- (8) Establishment of routine practices outlined in the 3Ts guidance.

Outcomes:

- (1) Implementation of a testing program and mitigation of lead exposure by utilizing the 3Ts toolkit at targeted facilities;
- (2) Reduction of children's exposure to lead in drinking water;
- (3) Improvement of staff and community knowledge on lead in drinking water and other causes of lead poisoning in children;
- (4) Sustainable partnerships at the state and local level that allow for a more efficient use of resources and the exchange of information among stakeholders at state agencies, child care facilities, LPHAs, and community organizations; and
- (5) Enhancement of trust between public health, child care facilities, parents, and the community.

VII. BUDGET NARRATIVE

See attached budget narrative file.

APPENDIX A: COLLABORATION AND PARTNERS UNDER THIS PROGRAM

Below are partners that will be involved in this program.

Wisconsin Department of Children and Families

201 East Washington Ave, Second Floor
P.O. Box 8916
Madison, WI 53703-8916

Wisconsin Department of Public Instruction

125 S. Webster St.
Madison, WI 53703

Wisconsin Department of Natural Resources

101 S Webster St
P.O. Box 7921
Madison, WI 53707-7921

Wisconsin State Laboratory of Hygiene

2601 Agriculture Drive
P.O. Box 7904
Madison, WI 53718

Wisconsin Head Start Association

5250 E. Terrace Drive, Suite110-D
Madison, WI 53718

Wisconsin Early Childhood Association

2908 Marketplace Drive, Suite101
Fitchburg, WI 53719

Wisconsin Child Care Administrators Association

President Joan Beck (Region 4)

Additional partners will include:

- Local public health agencies
- Child care center administrators/personnel/Resource & Referral Agencies
- Parents/Teachers
- Sixteenth Street Community Health Center
- Water utilities